

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO EMPLOYMENT APPLICATION

Personnel Department 172 West Third Street, Second Floor San Bernardino, CA 92415-0302

San Bernardino, CA 92415-0302 Phone: (909) 387-6894 Job Hotline: (909) 387-9150 Website: www.sbcounty.gov/courts ANNOUNCEMENT NO. ____ JOB TITLE Qualified APPLICATION ESSENTIALS Disqualified Carefully read the job announcement to be sure that you meet the minimum requirements. Applicants who fail to Code show how they meet these requirements will be disqualified from the examination. Complete all sides of this application. Print in black ink or type. Initials The information you provide in this application will be used to verify and evaluate your job qualifications. An incomplete Date _____ application or inaccurate information may disqualify you. A resume will not be accepted in place of a completed application. This application must be returned according to the instructions listed on the job announcement. Last Name First Name Middle Initial Social Security Number Mailing Address Zip Code ______ Work () _____ Cell or Other Phone (Home Phone (E-mail Address: **Authorization to Release Information** My signature affirms that all information on this application and any attachments is true and complete to the best of my knowledge. I understand that any false statements may lead to disqualification or dismissal. Further, I authorize all employers, institutions, government agencies and persons named as references (except in regard to my current employment if I specify that I do not want my employer to be contacted) to release information for use in establishing my qualifications and credentials for this position. This authorization: removes all liability from those who provide information and verification in response to any information I have stated in applying for this job or any information that has a bearing on my suitability for employment with the Superior Court of California, County of San Bernardino. releases the Superior Court of California, County of San Bernardino and any agent acting on its behalf from any and all liability of whatever nature in requesting or using such information to assess my candidacy for employment. is valid during my entire candidacy and during any resulting period of employment with the Superior Court of California, County of San Bernardino. SIGNATURE FAILURE TO ACCEPT A JOB OR APPEAR FOR AN INTERVIEW MAY RESULT IN REMOVAL OF YOUR NAME FROM THE ELIGIBLE LIST. 1. Indicate the type of position(s) you will accept: ☐ Full-time ☐ Part-time □ Temporary 2. Indicate the geographic area(s) where you will work. Refusing a job offer if you check its location below will result in removal from the list. WEST END VALLEY LOWER DESERT UPPER DESERT **MOUNTAINS** □ Victorville □ Chino ☐ San Bernardino ☐ Joshua Tree ☐ Twin Peaks ☐ Rancho Cucamonga □ Fontana □ Barstow □ Big Bear □ Redlands □ Needles 3. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? (Applicants whose dismissals or terminations were overturned, withdrawn [unilaterally or as part of a settlement] or revoked need not answer yes.) \square Yes \square No 4. As an adult (age 18), have you ever been convicted of a misdemeanor or felony (include expungements)? \Box Yes \Box No You must complete this section to be considered for the job(s) and to continue in the examination process. Make attachments if needed. Convictions are evaluated for each position and are not necessarily disqualifying. Not withstanding any of the preceding, you should not disclose convictions that are over two years old as of the date that you complete this application for violation of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes. Date and location of conviction: ______ Code violation number: _____ Description of offense: 5. Do you have any relatives working for the Superior Court of California, County of San Bernardino? Yes No

Name: _____ Department: _____ Relationship: _____ Expiration date: _____ State: ____ License Number: _____ Expiration date: _____ To Check all that apply: High School _ 9 _ 10 _ 11 _ 12 _ GED _ HS Diploma _ Some College _ Undergraduate Degree _ Graduate Degree

Write

9. If this position requires typing and/or shorthand, please indicate. Typing speed: ______ wpm Shorthand speed: _____ wpm

8. List languages other than English in which you are proficient. Read

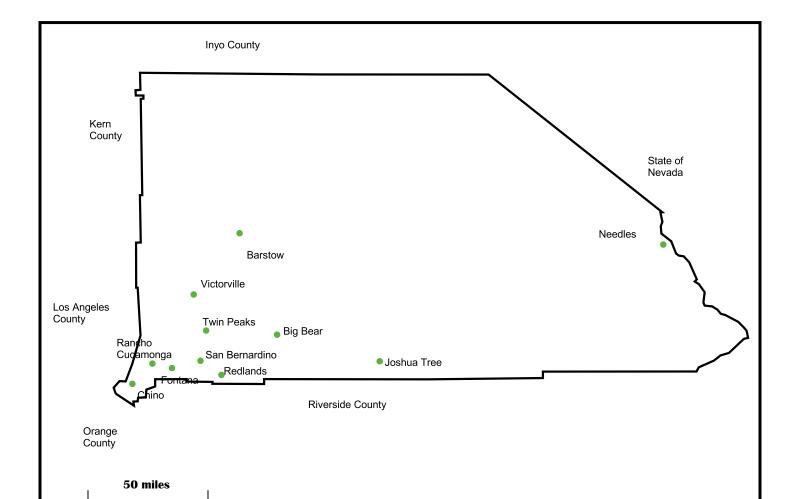
		Pro	fessional Credentials (Licenses, Certif	icaics, cic.)		
Name or Description and License No. (if applicable)) Issuin	g Agency or Board	Issue Date	Expiration Date	
Educational Institutions Attended	Erom	То	Course of Study Major	# of Units Completed	Type of Degree Completed or	
(College, University, etc.)	From Mo/Yr	Mo/Yr	Course of Study/Major	# of Units Completed Sem Qtr	Certificate	
(
			byment within the last ten years, begin e position for which you are applying			
			this application. Please use the ac			
			mation fully. Your application will b			
ORGANIZATION - Department/Sect	tion		Title of Most Recent Position	From – Month/Day/Ye	ar To – Month/Day/Year	
1						
Name and Title of Immediate Supervi	sor			- I		
Traine and Train of Immediate Supervi	501					
Address			City, State	Zip Code	Phone Number	
Monthly Salary						
Beginning \$ Ending \$		_	Hours per Week Reason	n for Leaving		
A 4 1 14 9 X		1 10	. ()9 V			
Are you currently in a supervisory pos	es ⊔ No ∟ sition? Ves	□ No □	nay we contact your supervisor(s)? Yes If yes, how many people do you super	s ⊔ No ⊔ rvise?		
Summary of Job Duties	onion. Tes	_ 110 _	ii yes, now many people do you super			
					FOR OFFICE USE	
					FOR OFFICE USE	
ORGANIZATION - Department/Sec	ction		Title of Position	From – Month/Day/Ve	ar To = Month/Day/Year	
ORGANIZATION – Department/Sec	ction		Title of Position	From – Month/Day/Ye	ar To – Month/Day/Year	
-			Title of Position	From – Month/Day/Ye	ar To – Month/Day/Year	
ORGANIZATION – Department/Sec Name and Title of Immediate Supervi			Title of Position	From – Month/Day/Ye	ar To – Month/Day/Year	
-			Title of Position City, State	From – Month/Day/Ye	ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi					·	
Name and Title of Immediate Supervi Address Monthly Salary			City, State	Zip Code	·	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$	sor		City, State Hours per Week Reason	Zip Code	·	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y	sor	If yes, n	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving	·	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	If yes, m □ No □	City, State Hours per Week Reason	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y	sor	□ If yes, m	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	If yes, m □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	☐ If yes, n☐ No ☐	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	If yes, n □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	J If yes, ⊓	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving		
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor	If yes, m □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving	Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos	sor Ges No Sition? Yes	If yes, n □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye:	Zip Code n for Leaving	Phone Number FOR OFFICE USE	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties	sor Ges No Sition? Yes	If yes, n□ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super	Zip Code n for Leaving S □ No □ rvise?	Phone Number FOR OFFICE USE	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties	sor Ges No Sition? Yes	J If yes, m □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super	Zip Code n for Leaving S □ No □ rvise?	Phone Number FOR OFFICE USE	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect	sor Ges No Sition? Yes	☐ If yes, m☐ No ☐	City, State Hours per Week Reason nay we contact your supervisor(s)? Yes If yes, how many people do you super	Zip Code n for Leaving S □ No □ rvise? From – Month/Day/Ye	FOR OFFICE USE To – Month/Day/Year	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect	sor Ges No Sition? Yes	If yes, ⊓ □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super	Zip Code n for Leaving S □ No □ rvise?	Phone Number FOR OFFICE USE	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary	sor Ges No Sition? Yes	If yes, n □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address	sor Ges No Sition? Yes	If yes, n□ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code n for Leaving S □ No □ rvise? From – Month/Day/Ye	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$	sor Ges No Sition? Yes	J If yes, m □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary	sor Ges No Sition? Yes	☐ If yes, m☐ No ☐	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$	sor Ges No Sition? Yes	☐ If yes, m☐ No ☐	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$	sor Ges No Sition? Yes	If yes, n □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	
Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$ Are you currently employed there? Y Are you currently in a supervisory pos Summary of Job Duties ORGANIZATION – Department/Sect Name and Title of Immediate Supervi Address Monthly Salary Beginning \$ Ending \$	sor Ges No Sition? Yes	If yes, m □ No □	City, State Hours per Week Reason asy we contact your supervisor(s)? Ye: If yes, how many people do you super Title of Position City, State	Zip Code In for Leaving S	FOR OFFICE USE ar To – Month/Day/Year Phone Number	

Superior Court of California, County of San Bernardino Personnel Department

FAIR EMPLOYMENT INFORMATION

Attention applicant: Please do not detach. This information will be detached from your application and used for research and statistical purposes only. In order to comply with Federal regulations in the area of Equal Employment Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR 60-2, 12, 60-250.5). For this reason, we would appreciate your voluntary cooperation in providing the following information. Not withstanding the provision of these regulations, it shall be unlawful for purpose of any appointment, hiring or promotion to use this information to discriminate against a prospective or incumbent employee or to give preference to a person identified as a member of an ethnic, racial or religious group upon the basis of such membership or identification.

Title of job for which you are applying								
Social Security Number	Birth Date Month Year							
Last Name:	First Name: M.I.:							
Superior Court of California, County of San Bernardino Employee: Yes □ No □ Sex: Male □ Female □								
Disabled: Yes □ No □								
As a result of a disability, will you need to have accommodation in the:								
☐ Interview/examination process ☐ Performance of the essential functions of the job								
ETHNICITY (Check off the most appropriate choice)								
☐ American Indian or Alaskan Native ☐	Hispanic							
☐ Asian or Pacific Islander ☐	White (Not Hispanic Origin)							
□ Black □	Other							
How did you hear about this employment opportunity? (Check off the most appropriate choice)								
☐ Weekly Listing/Job Announcement	☐ Employment Development Department							
☐ Havasu News	□ I Inquired							
☐ Riverside Press-Enterprise	□ Court Web Site							
☐ Hi Desert Star	☐ Other Website Which one?							
☐ Orange County Register	□ Job Fair							
☐ Victorville Daily Press	☐ Job Hotline							
☐ Other Newspaper Which one?	☐ Jobs Available (Publication)							
□ Campus Career Center	☐ Other Source Which one?							



Court Locations

Barstow Court 235 E. Mountain Ave. Barstow, CA 92311

Big Bear Court 477 Summit Ave. Big Bear, CA 92315

Chino Court 13260 Central Ave. Chino, CA 91710

Joshua Tree Court 6527 White Feather Rd. Joshua Tree, CA 92252 Juvenile Court 900 E. Gilbert St. San Bernardino, CA 92415

Fontana Court 17780 N. Arrow Highway Fontana, CA 92335

Needles Court 1111 Bailey St. Needles, CA 92363

Rancho Cucamonga Court 8303 N. Haven Ave. Rancho Cucamonga, CA 91730 Redlands Court 216 Brookside Ave. Redlands, CA 92373

San Bernardino Court 351 N. Arrowhead Ave. San Bernardino, CA 92415

Twin Peaks Court 26010 State Highway 189 Twin Peaks, CA 92391

Victorville Court 14455 Civic Dr. Victorville, CA 92392

ADDITIONAL WORK EXPERIENCE

EMPLOYMENT HISTORY: Please account for all employment within the last ten years, beginning with your current or most recent position. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.). Resumes are welcome, but will not be accepted as a replacement for this application. Please use the additional work experience addendum form or you may attach additional sheets if necessary. Complete all requested information fully. Your application will be rejected if you write "See Resume."

ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year	
Name and Title of Immediate Supervisor				
Address	City, State	Zip Code	Phone Number	
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	Leaving		
Summary of Job Duties				
		Γ	FOR OFFICE USE	
ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year	
Name and Title of Immediate Supervisor		-		
Address	City, State	Zip Code	Phone Number	
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	eaving		
Summary of Job Duties	<u> </u>			
			FOR OFFICE USE	
ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year	
Name and Title of Immediate Supervisor				
Address	City, State	Zip Code	Phone Number	
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	eaving		
Summary of Job Duties				
		Г	FOR OFFICE USE	